STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • ***Filing Fee: $50.00***

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
119100	WHALE ROCK HOLDINGS, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE

5. Principal office address	City	State	Zip
226 BELLEVUE AVE # 6	NEWPORT	RI	02840

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
DANIELA G. FRATER	MANAGER

Street Address	City	State	Zip
226 BELLEVUE AVE # 6	NEWPORT	RI	02840

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
DANIELA G. FRATER	226 BELLEVUE AVE. # 6	NEWPORT	RI	02840

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	State	Zip
STEPHAN I. FRATER	195 GEORGE ST.	PROVIDENCE ~~NEWPORT~~	RI	02903 ~~02840~~

FILED
FEB 01 2005
By KMC
C56024

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*This report must be **signed in ink** by an authorized person pursuant to R.I.G.L. 7-16-66.*

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[redacted] 2/1/05
Signature of Authorized Person *Date*

DANIELA G. FRATER
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03